

APPLICATION FOR EMPLOYMENT

City of Hector

301 Main Street South, PO Box 457 Hector, MN 55342

The City of Hector is an Equal Opportunity Employer. We hire and promote without regard to race, color, sex, religion, workers' compensation history, marital or veteran status, age, sexual orientation, mental or physical disability, or any other reason prohibited by law. The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information, so we may accurately and completely assess your qualifications.

The City of Hector is a drug-free employer and is committed to maintaining a drug-free workplace.

APPLICANT INFORMATION

Name	_____	Date:	_____
	LAST FIRST MIDDLE		
Address	_____		
	STREET & NO. CITY STATE ZIP		
Mailing Address if different from above	_____		
Telephone No.	_____	Alt. Number	_____
	AREA CODE NUMBER		
In case of emergency notify:	_____		
	NAME ADDRESS PHONE #		
Position Desired	_____	Salary Desired \$	_____
I can work:	_____ Full-Time _____ Part-Time	When can you begin work?	_____
Are you 18 years of age or older?	Yes No		
Can you, after employment, submit verification of your legal right to work in the U.S.?	Yes No		
Have you ever been convicted of a felony?	Yes No		
If yes, please give particulars:	_____		
Have you worked for us before?	Yes No	If yes, when	_____ Position _____

EDUCATION

Do you have a High School Diploma or Equivalent? Colleges/Universities – Name and Location	Yes	No	Name of School _____ Major _____	Degree _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other training or education – Name and Location	Years Attended			
_____	_____ to _____			
_____	_____ to _____			

Complete this section if position requires a valid driver's license

Please indicate whether you have any of the following licenses:

Minnesota Class A Driver's License No. _____

Minnesota Class B Driver's License No. _____

Minnesota Class C Driver's License No. _____

Minnesota Class D Driver's License No. _____

Other (List State, Class and No.) _____

Expiration Date: _____

To be completed by applicants for clerical positions only

Typing ability: Yes No _____ WPM

Can you operate dictating equipment Yes No

Personal Computer: Yes No

Please list computer applications that you are familiar with: _____

Other office equipment you can operate: _____

To be completed by applicants for labor and skilled trade positions only

Apprenticeship(s) served or trades learned: _____

Capable of operating the following equipment: _____

ACTIVITIES – with a direct bearing on your qualifications for the position.

Exclude organizations indicating race, creed, religion, color, sex, national origin, marital status, political affiliation, age or disability in their name or character.

Membership in Civic, Professional, Social or other organization (show offices held)

Current: _____

Past: _____

EMPLOYMENT EXPERIENCE

If you were ever employed in any position under a different name, give the name used. Account for period of unemployment.

Most Recent Employer

Name of Company _____ Dates Employed: From _____ to _____

Company Address _____

Are you currently working for this employer? Yes No May we contact your present employer? Yes No

Job Title _____ Supervisor's Name _____ Phone # _____

Starting Salary _____ Final Salary _____ Reason for leaving _____

Description of Duties:

Previous Employer

Name of Company _____ Dates Employed: From _____ to _____

Company Address _____

Job Title _____ Supervisor's Name _____ Phone # _____

Starting Salary _____ Final Salary _____ Reason for leaving _____

Description of Duties:

Previous Employer

Name of Company _____ Dates Employed: From _____ to _____

Company Address _____

Job Title _____ Supervisor's Name _____ Phone # _____

Starting Salary _____ Final Salary _____ Reason for leaving _____

Description of Duties:

UNSALARIED EXPERIENCE

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which may reveal race, sex, religion, age, disability, or any other protected status).

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces or are you serving in the U.S. Armed Forces? ____ yes ____ no

Describe your duties: _____

Do you wish to apply for Veteran's Preference Points? ____ yes ____ no

If you answered "yes" to the above question, you must complete the enclosed application for veteran's preference points, and submit the application and required documentation to the City of Hector within seven days of the application deadline for the position for which you are applying.

CONVICTION INFORMATION

Applicants who are finalists may be subject to a criminal background investigation. A conviction will not automatically disqualify you from employment. Each case is considered on its individual merits and the type of work for which you are applying. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

Per Minnesota Statutes, Chapter 364, the City of Hector will require applicants for positions within our police and fire departments to provide information about criminal convictions at the time of application. This will be done through a separate supplemental questionnaire.

REFERENCES

Please list three people that are NOT related to you that we may contact

<u>Name</u>	<u>Company</u>	<u>Telephone</u>	<u>Work Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION FOR VETERAN'S PREFERENCE POINTS

Eligibility: Preference points are awarded to qualified Veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. Be separated under honorable conditions from any branch of the United States armed forces after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; and

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

Instructions: You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, and the Veteran's DD214 and FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do submit the documents.

All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

VETERAN'S PREFERENCE APPLICATION

Veteran: self spouse If spouse, Veteran's Name: _____

Branch of Service _____ Date of active duty: from _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

Date of final Discharge: _____ Service Number: _____

Do you have a comprehensive service-related disability? yes no

Preference type requested:
 veteran disabled veteran spouse of veteran spouse of disabled veteran

Supporting documentation: attached will submit within seven days of application deadline.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Hector is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Hector. All data collected is considered private except for the following:

1. Your Veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies rules and regulations of the City of Hector. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Hector in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Hector to monitor protected class employment and to meet federal, state and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Act.

Applicant's printed Name

Applicant Signature

Date

AUTHORIZATION
Please be sure to sign this application and
read the following statements carefully:

1. I have read and understand the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered at a later date.
3. I authorize the City of Hector to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I hereby authorize all current and previous employees to release job-related information to the City of Hector. However, I understand that if, in the Employment Record section, I have answered "no" to the question, "May we contact your present employer?" contact with my current employer will not be made without my specific authorization.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being disqualified for this job opening.
6. I hereby authorize the City of Hector to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City.
7. I understand that it is my responsibility to notify the City of Hector in writing of any charges to information reported on this application.

Date _____ Applicant's Signature _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following is voluntary and confidential. It will not adversely affect your employment candidacy with the City or your status as an employee after the appointment. All additional information requested, as it related to your disabled status, will be maintained as separate and confidential medical records.

The remaining voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying _____

Gender: Female Male

Date of Application: _____

With which racial/ethnic group do you Identify (Please check only ONE of the following):

American Indian or Alaskan Eskimo _____

Asian or Pacific Islander _____

Black _____

Hispanic _____

White (Caucasian) _____

Several conditions qualify an individual for disabled status. Do you have any of the following disabilities?

- A. No
- B. Amputee
- C. Visually impaired
- D. Cardiac
- E. Hearing Impaired
- F. Diabetes
- G. Epilepsy
- H. Paralysis
- I. Back Problems
- J. Other (*Explain*)

Do you need special testing accommodations (if required)? (Explain): _____

Do you need an interpreter to assist you in taking the examination (if required)? (Specify): _____

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?

City Website

From City of Hector employee

College, technical or high school

Minority group referral source (*Which one*)? _____

Women's referral source (*Which one*)? _____

Disabled referral source (*Which one*)? _____

Bulletin board postings (*Which one*)? _____

Minnesota State Employment Agency _____

Newspaper (*Which one*)? _____

Other (*Specify*) _____